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SUBSTITUTE for PTO/SB/05 (03-01) Utility Patent Application Transmittal  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	21134
First Inventor or Application Identifier	
Robert D. Larsen	
Title	PROCESS FOR MAKING SUBSTITUTED THIAZOLYL-AMINO PYRIMIDINYL PIPERAZINES
Express Mail Label No.	EV 321986180 US

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO:	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>		<b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	
2. <input checked="" type="checkbox"/> Specification [ Total Pages <b>36</b> ]		6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [ Total Sheets <b>      </b> ]		a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. Oath or Declaration <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 14 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).</li> </ul> </li> </ul>			
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No. _____ / _____ Prior application information: Examiner: _____ Group/Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.			

**15. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>Customer No. 000210</b> (Insert Customer No. or Attach bar code here)				
NAME	Dianne Brown				
ADDRESS	Merck & Co., Inc., P. O. Box 2000 - Patent Dept., RY60-30				
CITY	Rahway	STATE	NJ	ZIP CODE	07065-0907
COUNTRY	USA	TELEPHONE	732-594- 1249	FAX	732-594-4720

Name	Mark R. Daniel	Registration No. (Attorney/Agent)	31,913
Signature			Date
			7/14/2003

<b>EXPRESS MAIL CERTIFICATE</b>	
DATE OF DEPOSIT <b>7/14/2003</b>	
EXPRESS MAIL NO. <b>EV 321986180 US</b>	
I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450. MAILED BY <b>Lore Scheper</b> DATE <b>July 14, 2003</b>	

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**10/618877**

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Deposit Acct. 13-2755  
 MERCK & CO., INC.  
 Our Case Docket No. 21134

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the patent application of Inventor(s):

Robert D. Larsen and Anthony On-Ping King

For: PROCESS FOR MAKING SUBSTITUTED  
 THIAZOLYL-AMINO PYRIMIDINYL PIPERAZINES

For	Number Filed	Number Extra	Rate	Basic Fee \$750
Total Claims	7 - 20 =	0 X	\$18	= \$0
Independent Claims	2 - 3 =	0 X	\$84	= \$0
Multiple Dependent Claims*	0		\$280	=
* Add this fee if application contains any multiple dependent claims, regardless of number.	TOTAL FILING FEE →			\$750

Please charge my Deposit Account No. 13-2755 in the amount of \$ 750. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 13-2755. Duplicate copy of this sheet is enclosed.

Under the provisions of 37 C.F.R. §1.53, this application is being filed without the declaration of each inventor.

Respectfully,

By:

Attorney For Applicant(s)

Reg. No. 31,913

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-6609

Date: 7/14/2003

EXPRESS MAIL CERTIFICATE	
DATE OF DEPOSIT	<u>July 14, 2003</u>
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IN DUPLICATE